

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-879)

Serial No. **10/535428** Filing Date _____

Applicant _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	12						53						
4	12						54						
5	10						55						
6	10						56						
7	10						57						
8	10						58						
9	10						59						
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11	10						61						
12	10						62						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		↓		↓				↓		↓		↓
TOTAL DEP.	15	←	←	←	←				←		←		←
TOTAL CLASCS	16	████████		████████		████████			████████		████████		████████